

# Texas Education Agency Standard Application System (SAS)

<b>2017–2018 Perkins Reserve Grant</b>		
<b>Program authority:</b>	Title I, Part A, Carl D. Perkins Career and Technical Education Act of 2006, Public Law 109-270, Section 112(a)(1)	<b>FOR TEA USE ONLY</b> <small>Write NOGA ID here:</small>
<b>Grant Period:</b>	November 13, 2017, to August 31, 2018	
<b>Application deadline:</b>	5:00 p.m. Central Time, September 26, 2017	<small>Place date stamp here.</small>
<b>Submittal information:</b>	<p>One original and two copies of the application, printed on one side only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address:</p> <p style="text-align: center;">Document Control Center, Grants Administration Division Texas Education Agency, 1701 North Congress Ave. Austin, TX 78701-1494</p>	
<b>Contact information:</b>	Diane Salazar: <a href="mailto:diane.salazar@tea.texas.gov">diane.salazar@tea.texas.gov</a> ; (512) 936-6060	

## Schedule #1—General Information

### Part 1: Applicant Information

Organization name	County-District #		Amendment #
Del Valle ISD	227910		
Vendor ID #	ESC Region #		
	13		
Mailing address	City	State	ZIP Code
5301 Ross Road Suite 105	Del Valle	TX	78617

### Primary Contact

First name	M.I.	Last name	Title
Ray		Prentice	Exec Director Federal Programs
Telephone #	Email address		FAX #
512-386-3040	<a href="mailto:Ray.prentice@dvisd.net">Ray.prentice@dvisd.net</a>		512-386-3045

### Secondary Contact

First name	M.I.	Last name	Title
Irma		Guerra-Scott	Grant Coordinator
Telephone #	Email address		FAX #
512-386-3004	<a href="mailto:Irma.guerra-scott@dvisd.net">Irma.guerra-scott@dvisd.net</a>		512-386-3045

### Part 2: Certification and Incorporation

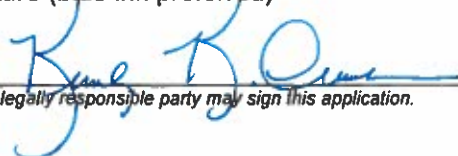
I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

### Authorized Official:

First name	M.I.	Last name	Title
Kelly	K.	Crook	Superintendent
Telephone #	Email address		FAX #
512-386-3010	<a href="mailto:Kelly.crook@dvisd.net">Kelly.crook@dvisd.net</a>		512-386-3015

Signature (blue ink preferred)

Date signed



10/26/17

Only the legally responsible party may sign this application.

**Schedule #1—General Information**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**Part 3: Schedules Required for New or Amended Applications**

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application.

For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule #	Schedule Name	Application Type	
		New	Amended
1	General Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Required Attachments and Provisions and Assurances	<input checked="" type="checkbox"/>	N/A
4	Request for Amendment	N/A	<input checked="" type="checkbox"/>
5	Program Executive Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Program Budget Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Payroll Costs (6100)	See Important Note For Competitive Grants*	<input type="checkbox"/>
8	Professional and Contracted Services (6200)		<input type="checkbox"/>
9	Supplies and Materials (6300)		<input type="checkbox"/>
10	Other Operating Costs (6400)		<input type="checkbox"/>
11	Capital Outlay (6600)		<input type="checkbox"/>
12	Demographics and Participants to Be Served with Grant Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Project Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Responses to TEA Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Equitable Access and Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**\*IMPORTANT NOTE FOR COMPETITIVE GRANTS:** Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, the application will be disqualified.

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On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**Part 1: Required Attachments**

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
No fiscal-related attachments are required for this grant.		
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
No program-related attachments are required for this grant.		

**Part 2: Acceptance and Compliance**

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

**Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and require a separate certification.**

X	Acceptance and Compliance
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the <a href="#">General and Fiscal Guidelines</a> .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the program guidelines for this grant.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with all <a href="#">General Provisions and Assurances</a> requirements.
<input checked="" type="checkbox"/>	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all <a href="#">Debarment and Suspension Certification</a> requirements.

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**Schedule #2—Required Attachments and Provisions and Assurances**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**Part 3: Program-Specific Provisions and Assurances**☒ I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

#	Provision/Assurance
1.	The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurances that they will continue to meet all Statutory Requirements as outlined in their 2017–2018 Perkins Formula Grant incorporated by reference.
4.	The applicant assures that its ability is to meet the 20% match requirement.
5.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that the curriculum they develop will be appropriately aligned to marketable skills in the identified high-demand occupations. It may include industry recognized credentialing as part of the degree plan.
6.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that the development and implementation of industry experiences, including mentorship programs, internships, externships, and/or apprenticeship, will expose students to applied learning and real-world work activities in the identified high-demand occupation(s).
7.	Applicants applying for Focus Area 1, 2, or 3 provide assurance that, within 90 days of the grant start, awarded applicants will submit a Memorandum of Understanding (MOU) detailing the relationship between the dual credit partner, the LEA, and business and industry partner(s).

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**Schedule #5—Program Executive Summary**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Indicate the Focus Area for which you are applying. **Only one Focus Area may be selected per application, limit of two applications per LEA** (see Program Guidelines pages 8 and 11 for more information on eligibility requirements for each of the Focus Areas).

- ☐ Focus Area 1: Pathway Hubs, Rural Schools
- ☐ Focus Area 2: Pathway Hubs, Career Center Partnerships
- ☒ Focus Area 3: CTE Career Cluster
- ☐ Focus Area 4: Testing Site/Licensed Instructor

Del Valle ISD is committed to providing education and training for our students in high-demand, high-skilled, and high-wage careers. In the Central Texas Region, the health science industry has been identified as a focus area for employment and growth. Currently, there is more need than availability in providing hospital clinical rotations for high school students in our area. In an effort to deliver industry specific education and training to our students, Del Valle ISD is constructing a new Health Science Simulation Lab and four new Health Science classrooms. Our intention is to furnish this lab with state of the art equipment and numerous simulation manikins.

Del Valle High School currently has 753 students in Health Science classes, with over 600 of those students defined as Health Science concentrators. Our obligation is to provide all of these students with the skills they need to pursue their goals in the Health Science field. Although our students are receiving skills and education for a broad array of health science fields, we are currently focused on five areas: Phlebotomy Technician, Pharmacy Technician, Emergency Medical Technician, Patient Care Technician, and Medical Assistant. The new lab will support each of these programs of study for students enrolled in grades 9 – 12. The new lab will consist of eight unique nursing skills areas: Phlebotomy, Neo-natal, Surgery, Physical Therapy, Pharmacy, Medical Data, Patient Care, and Trauma/EMT.

Del Valle ISD has a currently robust Health Science program, but with limited space and equipment, to offer a truly industry specific and higher education preparation for our students. The addition of simulation units will be integral in bridging the gap for our students' career objectives. Our goal is to have all of our Health Science students be accepted into college and/or be offered positions of employment, based on the education and training our district provides.

The total cost of the Health Science space will be approximately \$1,806,052, with an additional amount of \$220,000 spent on equipment. With your approval of this request of \$75,000, Del Valle ISD students will begin the 2018 – 2019 school year with experiences they would only have in hospitals and medical schools. We are excited for the opportunity to be awarded this grant and we are excited for our students' future.

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**Schedule #6—Program Budget Summary**

County-district number or vendor ID: 227910	Amendment # (for amendments only):
Program authority: Title I, Carl D. Perkins Career and Technical Education Act of 2006, P. L. 109-270, Sec. 112 (a)(1)	
Grant period: November 13, 2017, to August 31, 2018	Fund code: 244

**Budget Summary**

Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost	Match
Schedule #7	Payroll Costs (6100)	6100	\$	\$	\$	\$
Schedule #8	Professional and Contracted Services (6200)	6200	\$	\$	\$	\$
Schedule #9	Supplies and Materials (6300)	6300	\$	\$	\$	\$
Schedule #10	Other Operating Costs (6400)	6400	\$	\$	\$	\$
Schedule #11	Capital Outlay (6600)	6600	\$	\$	\$75,000.00	\$15,000
Grand total of budgeted costs (add all entries in each column):			\$	\$	\$75,000.00	\$15,000

**Administrative Cost Calculation**

Enter the total grant amount requested:	\$
Percentage limit on administrative costs established for the program (5%):	× .05
Multiply and round down to the nearest whole dollar. Enter the result. This is the maximum amount allowable for administrative costs, including indirect costs:	\$

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**Schedule #7—Payroll Costs (6100)**

County-district number or vendor ID: 227910			Amendment # (for amendments only):			
Employee Position Title			Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted	Match
<b>Academic/Instructional</b>						
1						
2	Educational aide				\$	\$
3	Tutor				\$	\$
<b>Program Management and Administration</b>						
4	Project director				\$	\$
5	Project coordinator				\$	\$
6	Teacher facilitator				\$	\$
7	Teacher supervisor				\$	\$
8	Secretary/administrative assistant				\$	\$
9	Data entry clerk				\$	\$
10	Grant accountant/bookkeeper				\$	\$
11	Evaluator/evaluation specialist				\$	\$
<b>Auxiliary</b>						
12	Counselor				\$	\$
13	Social worker				\$	\$
14	Community liaison/parent coordinator				\$	\$
<b>Education Service Center (to be completed by ESC only when ESC is the applicant)</b>						
15						
16						
17						
18						
19						
20						
<b>Other Employee Positions</b>						
21	Title				\$	\$
22	Title				\$	\$
23	Title				\$	\$
24	Subtotal employee costs:				\$	\$
<b>Substitute, Extra-Duty Pay, Benefits Costs</b>						
25	6112	Substitute pay			\$	\$
26	6119	Professional staff extra-duty pay			\$	\$
27	6121	Support staff extra-duty pay			\$	\$
28	6140	Employee benefits			\$	\$
29	61XX	Tuition remission (IHEs only)			\$	\$
30	Subtotal substitute, extra-duty, benefits costs				\$	\$
31	<b>Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):</b>				<b>\$0.00</b>	<b>\$0.00</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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**Schedule #8—Professional and Contracted Services (6200)**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**NOTE:** Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider.

**Professional and Contracted Services Requiring Specific Approval**

Expense Item Description		Grant Amount Budgeted	Match
6269	Rental or lease of buildings, space in buildings, or land	\$	\$
	Specify purpose:		
<b>a. Subtotal of professional and contracted services (6200) costs requiring specific approval:</b>		\$	\$
<b>Professional and Contracted Services</b>			
#	Description of Service and Purpose	Grant Amount Budgeted	Match
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
7		\$	\$
8		\$	\$
9		\$	\$
10		\$	\$
11		\$	\$
12		\$	\$
13		\$	\$
14		\$	\$
<b>b. Subtotal of professional and contracted services:</b>		\$	\$
<b>c. Remaining 6200—Professional and contracted services that do not require specific approval:</b>		\$	\$
<b>(Sum of lines a, b, and c) Grand total</b>		<b>\$0.00</b>	<b>\$0.00</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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**Schedule #9—Supplies and Materials (6300)**

County-District Number or Vendor ID: 227910		Amendment number (for amendments only):	
<b>Supplies and Materials Requiring Specific Approval</b>			
		<b>Grant Amount Budgeted</b>	<b>Match</b>
6300	Total supplies and materials that do not require specific approval:	\$	\$15,000.00
<b>Grand total:</b>		<b>\$0.00</b>	<b>\$15,000.00</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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**Schedule #10—Other Operating Costs (6400)**

County-District Number or Vendor ID: 227910

Amendment number (for amendments only):

Expense Item Description		Grant Amount Budgeted	Match
6413	Stipends for non-employees other than those included in 6419	\$	\$
6419	Non-employee costs for conferences. Requires pre-authorization in writing.	\$	\$
Subtotal other operating costs requiring specific approval:		\$	\$
	Remaining 6400—Other operating costs that do not require specific approval:	\$	\$
<b>Grand total:</b>		<b>\$0.00</b>	<b>\$0.00</b>

In-state travel for employees does not require specific approval.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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<b>Schedule #11—Capital Outlay (6600)</b>					
County-District Number or Vendor ID: 227910				Amendment number (for amendments only):	
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted	Match
<b>6669—Library Books and Media (capitalized and controlled by library)</b>					
1		N/A	N/A	\$	\$
<b>66XX—Computing Devices, capitalized</b>					
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$
5			\$	\$	\$
6			\$	\$	\$
7			\$	\$	\$
8			\$	\$	\$
9			\$	\$	\$
10			\$	\$	\$
11			\$	\$	\$
<b>66XX—Software, capitalized</b>					
12			\$	\$	\$
13			\$	\$	\$
14			\$	\$	\$
15			\$	\$	\$
16			\$	\$	\$
17			\$	\$	\$
18			\$	\$	\$
<b>66XX—Equipment, furniture, or vehicles</b>					
19	789 ALEX Pro: Patient Simulation	1	\$31,290.00	\$31,290.00	\$
20	Stat Manikin: Deluxe Airway Management	1	\$5,853.00	\$5,853.00	\$
21	Susie S2000 Advanced Patient Simulation	1	\$37,857.00	\$37,857.00	\$
22			\$	\$	\$
23			\$	\$	\$
24			\$	\$	\$
25			\$	\$	\$
26			\$	\$	\$
27			\$	\$	\$
28			\$	\$	\$
<b>66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)</b>					
29				\$	\$
<b>Grand total:</b>				<b>\$75,000.00</b>	<b>\$0.00</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Grants Administration Division [Administering a Grant](#) page.

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**Schedule #12—Demographics and Participants to Be Served with Grant Funds**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**Part 1: Student/Teacher Demographics of Population To Be Served With Grant Funds.** Enter the data requested for the population to be served by this grant program. If data is not available, enter DNA. Use the comment section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program. Response is limited to space provided. Use Arial font, no smaller than 10 point.

Student Category	Student Number	Student Percentage	Comment
Economically disadvantaged	660	87.7	
Limited English proficient (LEP)	264	35.1%	
Attendance rate	NA	%	
Annual dropout rate (Gr 9-12)	NA	%	
Teacher Category	Teacher Number	Teacher Percentage	Comment
1-5 Years Exp.	2	50%	
6-10 Years Exp.	2	50%	
11-20 Years Exp.		%	
20+ Years Exp.		%	
No degree		%	
Bachelor's Degree	4	100%	
Master's Degree		%	
Doctorate		%	

**Part 2: Students/Teachers To Be Served With Grant Funds.** Enter the number of students in each grade, by type of school, projected to be served under the grant program.

**School Type:** ☒ Public ☐ Open-Enrollment Charter ☐ Private Nonprofit ☐ Private For Profit ☐ Public Institution

**Students**

PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
										260	210	160	110	740

**Teachers**

PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
										1	1	1	1	4

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By TEA staff person:

**Schedule #13—Needs Assessment**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**Part 1: Process Description.** A needs assessment is a systematic process for identifying and prioritizing needs, with "need" defined as the difference between current achievement and desired outcome or required accomplishment. Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The purpose of this needs assessment is to demonstrate the need for a robust Health Science Patient Simulation Lab located in Del Valle High School. Del Valle ISD, located in Southeast Travis County, has one high school serving 3131 students. Of these students, 615 or 19.6%, are identified as Health Science concentrators. Our district demographics include: 37.7% Career and Technical Education, 71.8% At-Risk, 87.7% Economically Disadvantaged, and 35.1% Limited English Proficiency.

The High School needs assessment, along with stated Board of Directors' goals have indicated a need in increasing the educational and career outcomes, in Career and Technical Education programs, by providing relevant extra-curricular and co-curricular opportunities for our students, and increasing student success through expanded opportunities, for all students, with a focus on college and career readiness.

Currently, Del Valle High School has 95 students qualified to attend hospital clinical rotations, although we were only able to secure 24 clinical rotation slots. We reduced the amount of time spent on each rotations to double the amount of students able to attend: 48 students. This process leaves a gap of 47 students. Del Valle ISD does not have the capacity to support multiple clinical rotation locations at a variety of industry locations due to transportation and supervision deficits. Our large area hospitals also do not have the capacity for the current number of high school students needing clinical rotations in our region.

It is these factors which have precipitated our plan to build a Health Science simulation skills lab. Our intention is meet our District and Campus goals and fill the gap by providing an alternative avenue to the traditional clinical rotation model, thereby supporting all of our Health Science students.

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By TEA staff person:



**Schedule #13—Needs Assessment (cont.)**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**Part 2: Alignment with Grant Goals and Objectives.** List your top three to five needs, in rank order of assigned priority. Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Identified Need	How Implemented Grant Program Would Address
1.	Increase the number of CTE high school students receiving Level 1 certifications in High-Skill, High-Wage, or High-Demand occupations in Health Science	The addition of simulation units would increase the rigor and relevance of the Health Science programs of study, and in addition, would increase the excitement and interest of students in these career pathways.
2.	Increase the number of college credits received by CTE high school students.	The addition of simulation units would increase the rigor and relevance of the Health Science programs of study, with the intention of Del Valle ISD enhancing partnerships, with higher education entities, to offer and award additional college credits while in high school.
3.	Increase the number of CTE high school students entering college.	The addition of simulation units would increase the rigor and relevance of the Health Science programs of study, with the intention providing students a bridge to college. It is our intention to provide outreach to our local, regional, state, and national colleges with the goal of demonstrating the knowledge and skills Del Valle Health Science students have obtained.
4.	Demonstrate to the Health Science industry the value of strengthening partnerships and collaboration with Del Valle ISD for the benefit of the partner, the district, and ultimately the student.	The addition of simulation units would increase the rigor and relevance of the Health Science programs of study, thereby encouraging our Health Science industry to see Del Valle ISD and Del Valle Health Science students as respected and valuable assets to the community and to business.
5.		

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**Schedule #14—Management Plan**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**Part 1: Staff Qualifications.** List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Title	Desired Qualifications, Experience, Certifications
1.	Director CTE	The Director will oversee effective implementation of the District's secondary school CTE Program, develop instructional framework responsive to DVISD CTE students, ensure compliance with state and federal laws, provide instructional leadership, and develop and institute a professional development plan to ensure high standards of instructional service to all students, including members of special populations.
2.	CTE Teachers	The Teacher will be a Licensed Health Science Professional and will be equipped to provide students with appropriate learning activities and experiences designed to help them fulfill their potential for intellectual, emotional, physical, and social growth. They will enable students to develop competencies and skills to function successfully in society and in the Health Science profession.
3.		
4.		
5.		

**Part 2: Milestones and Timeline.** Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Lab construction completed	1. Construction complete	06/08/2017	07/01/2018
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
2.	Lab Furnished with Equipment	1. Installations Complete	07/01/2018	08/01/2018
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
3.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX

Unless pre-award costs are specifically approved by TEA, grant funds will be used to pay only for activities occurring between the beginning and ending dates of the grant, as specified on the Notice of Grant Award.

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By TEA staff person:

**Schedule #14—Management Plan (cont.)**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**Part 3: Feedback and Continuous Improvement.** Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Monitoring the attainment of goals and objectives:

- Influenced by Data
- Driven by Campus Needs Assessments
- Aligned to Board of Directors Goals
- Discussed and Recommended by CTE Advisory Committee
- Resolved in Executive Committees
- Overseen by CTE Director
- Implemented at District or Campus Level as Appropriate
- Communications with Stakeholders are Delivered through District Website, Publications, Social Media, and Open Meetings

**Part 4: Sustainability and Commitment.** Describe any ongoing, existing efforts that are similar or related to the planned project. How will you coordinate efforts to maximize effectiveness of grant funds? How will you ensure that all project participants remain committed to the project's success? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

An ongoing effort to increase the relevance and rigor to the Health Science department is a priority for Del Valle CTE. Del Valle ISD is currently building a new CTE facility with the largest allocation of space and funds devoted to our Health Science program. Our Health Science program is our largest enrollment in CTE, with just over 700 students. Professional development for our Health Science teachers is ongoing, and specific training on the requested Patient Simulators will be mandatory. Each year we will also budget funds for maintenance and upgrades, as necessary. Our teachers will also be encouraged to join the Society for Simulation in Healthcare and funds will be allocated for relevant events.

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By TEA staff person:

**Schedule #15—Project Evaluation**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**Part 1: Evaluation Design.** List the methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Evaluation Method/Process	Associated Indicator of Accomplishment	
1.	Review data on Level 1 awarded certifications	1.	Increase in Level 1 Certifications
		2.	
		3.	
2.	Review data on awarded College credit hours	1.	Increase in College credit hours awarded to CTE students
		2.	
		3.	
3.	Self-report and THECB data review	1.	Increase the number of Health Science students accepted to college
		2.	
		3.	
4.	Review data for Health Science related partnerships	1.	Increase the number of Health Science related partnerships
		2.	
		3.	
5.		1.	
		2.	
		3.	

**Part 2: Data Collection and Problem Correction.** Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Data collection will be the responsibility of the CTE Director.

Level 1 Certifications are reported by the teacher to the CTE Director.

College credit hours awarded are identified in Skyward student management system.

College acceptance will be a self-report during Senior level classes at the end of the year.

College attendance (for entire school) will be reported by THECB and will not be CTE specific.

Increase in the number of Health Science related partnerships will be compiled by CTE Director from a variety of school administrators.

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**TEA Program Requirement 1:** Explain how the project identified the high-demand occupations and their related programs of study in partnership with the local workforce development board. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

The project identified the need in discussions with, and presentations by, the Texas Workforce Commission and the Greater Austin Area Chamber of Commerce. Both of these organizations presented to our CTE Advisory Committee. As of 10/19/2017 the Capital Area report lists 19+ Health Science targeted occupations that this project will support.

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**TEA Program Requirement 2:** Describe how you will design at least one program of study that spans secondary and postsecondary education and includes an appropriate sequence of courses that are aligned with high-demand occupations identified by local regional workforce board. The program of study should build in rigor as students progress through high school. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

The following is our newest program of study for Pharmacy Technicians. We have similar programs for both Phlebotomy Technicians and Emergency Medical Technicians. Our Patient Care Technicians and Medical Assistance do not yet have college level course associated with them. (This is an opportunity area.) Each of these areas are high-demand occupations.

8<sup>th</sup> grade – Medical Detectives

9<sup>th</sup> grade – Principles of Health Science

10<sup>th</sup> grade – Health Science Theory

11<sup>th</sup> grade

- College Transitions to Health Professionals – Austin Community College (ACC) dual credit and,
- Medical Terminology (ACC) dual credit and,
- Dosage Calculations (ACC) dual credit and,
- Institutional Pharmacy Practice (ACC) dual credit and,
- Anatomy and Physiology for Health Professionals.

12<sup>th</sup> grade

- Pharmacy Drug Therapy and Treatment (ACC) dual credit and,
- Compounding Sterile Preparation (ACC) dual credit and,
- Community Pharmacy Practice (ACC) dual credit.

Summer after Graduation - Pharmacy Technician Practicum/Clinical (ACC) dual credit (Awarded Level 1 Certification)  
- All College fees paid by Del Valle ISD.

Students awarded 25 hours college credit and a Level 1 Certification.

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**TEA Program Requirement 3:** Provide a sample crosswalk that identifies postsecondary coursework that would be required of a student in the program of study in order to complete a certificate or receive an associate's degree from the partnering general academic teaching institution(s) within two to three years of graduating from high school. The crosswalk may also demonstrate how the project can lead to a bachelor's degree. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

The following is our Phlebotomy Technician program of study, which combines High School Credit with Dual Credit and culminates with a Level 1 Certification in Phlebotomy Technician.

8<sup>th</sup> grade – Medical Detectives

9<sup>th</sup> grade – Principles of Health Science

10<sup>th</sup> grade – Health Science Theory

11<sup>th</sup> grade - Anatomy and Physiology for Health Professionals

12<sup>th</sup> grade –

- College Transitions to Health Professionals – Austin Community College (ACC) dual credit and,
- Medical Terminology (ACC) dual credit and,
- Phlebotomy (ACC) dual credit.

Summer after Graduation – Pharmacy Technician Practicum/Clinical (ACC) dual credit (Awarded Level 1 Certification). All College fees paid by Del Valle ISD.

Students awarded 13 hours college credit and a Level 1 Certification as a Phlebotomy Technician.

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**TEA Program Requirement 4:** Identify the partner organizations that will help carry out the grant. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. **Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

Austin Community College will provide classroom instruction and clinical rotations during students Junior and Senior year, as well as, the clinical rotation during the Summer of graduation. ACC is also a member of our CTE advisory committee where they collaborate by building strong and sustainable programs of study which match the needs of all stakeholders.

St. David's HealthCare provides clinical rotations for our Health Science Practicum students and will conduct simulation lab tours for our students.

St. David's School of Nursing at Texas State University in Round Rock, provides simulation lab experiences and training for Del Valle ISD staff and students as part of the instructional process for their students.

Healthcare Workers Association of Central Texas provides relevant and timely guidance and assistance in securing clinical rotations, educational requirements, workforce guidance, and is a committee member of our CTE Advisory Council. Del Valle is also a committee member of the association.

Dell Medical School provides support through summer camps and year-long programming for our Health Science students. Dell Medical School also is a member of our CTE Advisory Council where they collaborate to provide our students and staff with industry specific recommendations, educational guidance, and programming suggestions.

**TEA Program Requirement 5:** Identify at least one industry partner that will assist with curriculum development to support relevant and frequent industry experiences for students participating in the program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. **Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

St. David's School of Nursing at Texas State University in Round Rock, provides simulation lab experiences and training for Del valle ISD staff and students as part of the instructional process for their students.

Dell Medical School provides support through summer camps and year-long programming for our Health Science students. Dell Medical School also is a member of our CTE Advisory Council where they collaborate to provide our students and staff with industry specific recommendations, educational guidance, and programming suggestions.

Austin Community College will provide classroom instruction and clinical rotations during students Junior and Senior year, as well as, the clinical rotation during the Summer of graduation. ACC also a member of our CTE advisory committee where they collaborate by building strong and sustainable programs of study which match the needs of all stakeholders. ACC also hosts a week-long Health Science summer camp, open house tours, and educational and job fairs.

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**TEA Program Requirement 6:** Propose a sustainability plan to ensure that the school(s) will continue to meet the goals of the grant program after the end of the grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Areas 1, 2, or 3 must address this question.**

The sustainability plan is to provide funding for the maintenance and updates to the equipment and software, and continue to actively seek grants, funding sources, and partnerships to ensure the Del Valle Health Science Lab is equipped with current, relevant, and industry specific equipment. This responsibility and outreach will be the primary responsibility of the CTE Director.

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**TEA Program Requirement 7:** List capstone industry certifications and programs of study that were identified in partnership with postsecondary, industry, or other LEAs. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Area 4 must address this question.**

Industry certifications and programs of study are:

- Austin Community College - Pharmacy Technician
- Austin Community College - Phlebotomy Technician
- Austin Community College - Emergency Medical Technician
- National HealthCareers Association - Patient Care Technician
- National HealthCareers Association - Medical Assistant

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: 227910

Amendment # (for amendments only):

**TEA Program Requirement 8:** Explain how the awarding of a Perkins Reserve Grant will complement the existing CTE program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Applicants applying for Focus Area 4 must address this question.**

The awarding of a Perkins Reserve Grant will complement the existing CTE program by enabling the Del Valle High School Health Science program to acquire industry specific educational equipment which is out of reach for many high school programs. We all have limited budgets and the acquisition of relevant and expensive equipment is a barrier.

Although our Health Science program is robust and we are allocating funds to it, those allocations come at the expense of other programs doing without for a period of time, or indefinitely.

Another factor, which cannot be overstated, is the perception which will be imbued on our Health Science graduates. We desire for our Health Science industry partners to place our graduates' resumes at the top of the pile and to feel confident they have been educated and trained in a top ranked facility by highly qualified instructors.

Finally, the most important complement to the existing program is, pride. The pride of our students as they begin to see the value we place in them, the value they see in themselves, and the value industry and higher education places in them.

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**Schedule #18—Equitable Access and Participation**

County-District Number or Vendor ID: 227910

Amendment number (for amendments only):

**No Barriers**

#	No Barriers	Students	Teachers	Others
000	The applicant assures that no barriers exist to equitable access and participation for any groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Barrier: Gender-Specific Bias**

#	Strategies for Gender-Specific Bias	Students	Teachers	Others
A01	Expand opportunities for historically underrepresented groups to fully participate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A02	Provide staff development on eliminating gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A03	Ensure strategies and materials used with students do not promote gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A04	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A05	Ensure compliance with the requirements in Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A06	Ensure students and parents are fully informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Cultural, Linguistic, or Economic Diversity**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B01	Provide program information/materials in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B02	Provide interpreter/translator at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B03	Increase awareness and appreciation of cultural and linguistic diversity through a variety of activities, publications, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B04	Communicate to students, teachers, and other program beneficiaries an appreciation of students' and families' linguistic and cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B05	Develop/maintain community involvement/participation in program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B06	Provide staff development on effective teaching strategies for diverse populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B07	Ensure staff development is sensitive to cultural and linguistic differences and communicates an appreciation for diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B08	Seek technical assistance from education service center, technical assistance center, Title I, Part A school support team, or other provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B09	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11	Involve parents from a variety of backgrounds in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID:

Amendment number (for amendments only):

**Barrier: Cultural, Linguistic, or Economic Diversity (cont.)**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B12	Offer "flexible" opportunities for parent involvement including home learning activities and other activities that don't require parents to come to the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B14	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15	Provide adult education, including high school equivalency (HSE) and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B16	Offer computer literacy courses for parents and other program beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B17	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B18	Coordinate with community centers/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B19	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B20	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B21	Ensure compliance with the requirements in Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B22	Ensure students, teachers, and other program beneficiaries are informed of their rights and responsibilities with regard to participation in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B23	Provide mediation training on a regular basis to assist in resolving disputes and complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Gang-Related Activities**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C01	Provide early intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C04	Provide flexibility in scheduling activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C05	Recruit volunteers to assist in promoting gang-free communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C06	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C07	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 227910

Amendment number (for amendments only):

**Barrier: Gang-Related Activities (cont.)**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C08	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	Establish collaborations with law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14	Provide training/information to teachers, school staff, and parents to deal with gang-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Drug-Related Activities**

#	Strategies for Drug-Related Activities	Students	Teachers	Others
D01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D02	Provide counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D04	Recruit volunteers to assist in promoting drug-free schools and communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D06	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D07	Provide community service programs/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D08	Provide comprehensive health education programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12	Provide conflict resolution/peer mediation strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14	Provide training/information to teachers, school staff, and parents to deal with drug-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E02	Provide program materials/information in Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 227910

Amendment number (for amendments only):

**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E03	Provide program materials/information in large type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E04	Provide program materials/information in digital/audio formats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E05	Provide staff development on effective teaching strategies for visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E06	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E07	Format materials/information published on the internet for ADA accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Hearing Impairments**

#	Strategies for Hearing Impairments			
F01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F02	Provide interpreters at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F03	Provide captioned video material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F04	Provide program materials and information in visual format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F05	Use communication technology, such as TDD/relay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F06	Provide staff development on effective teaching strategies for hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F07	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Learning Disabilities**

#	Strategies for Learning Disabilities	Students	Teachers	Others
G01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G02	Expand tutorial/mentor programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G03	Provide staff development in identification practices and effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G04	Provide training for parents in early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Physical Disabilities or Constraints**

#	Strategies for Other Physical Disabilities or Constraints	Students	Teachers	Others
H01	Develop and implement a plan to achieve full participation by students with other physical disabilities or constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H02	Provide staff development on effective teaching strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H03	Provide training for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 227910

Amendment number (for amendments only):

**Barrier: Inaccessible Physical Structures**

#	Strategies for Inaccessible Physical Structures	Students	Teachers	Others
J01	Develop and implement a plan to achieve full participation by students with other physical disabilities/constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J02	Ensure all physical structures are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Absenteeism/Tuancy**

#	Strategies for Absenteeism/Tuancy	Students	Teachers	Others
K01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K02	Develop and implement a truancy intervention plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K04	Recruit volunteers to assist in promoting school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K05	Provide mentor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K06	Provide before/after school recreational or educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K07	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K08	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K09	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K10	Coordinate with health and social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K11	Coordinate with the juvenile justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K12	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: High Mobility Rates**

#	Strategies for High Mobility Rates	Students	Teachers	Others
L01	Coordinate with social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L02	Establish collaborations with parents of highly mobile families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L03	Establish/maintain timely record transfer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Support from Parents**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M01	Develop and implement a plan to increase support from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M02	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 227910

Amendment number (for amendments only):

**Barrier: Lack of Support from Parents (cont.)**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M03	Recruit volunteers to actively participate in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M04	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M05	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M06	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M07	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M08	Provide program materials/information in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M09	Involve parents from a variety of backgrounds in school decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M12	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M13	Provide adult education, including HSE and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M14	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M15	Facilitate school health advisory councils four times a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Shortage of Qualified Personnel**

#	Strategies for Shortage of Qualified Personnel	Students	Teachers	Others
N01	Develop and implement a plan to recruit and retain qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N02	Recruit and retain personnel from a variety of racial, ethnic, and language minority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N03	Provide mentor program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N04	Provide intern program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N05	Provide an induction program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N06	Provide professional development in a variety of formats for personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N07	Collaborate with colleges/universities with teacher preparation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Knowledge Regarding Program Benefits**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P01	Develop and implement a plan to inform program beneficiaries of program activities and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P02	Publish newsletter/brochures to inform program beneficiaries of activities and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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County-District Number or Vendor ID: 227910

Amendment number (for amendments only):

**Barrier: Lack of Knowledge Regarding Program Benefits (cont.)**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P03	Provide announcements to local radio stations, newspapers, and appropriate electronic media about program activities/benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Transportation to Program Activities**

#	Strategies for Lack of Transportation	Students	Teachers	Others
Q01	Provide transportation for parents and other program beneficiaries to activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q02	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q03	Conduct program activities in community centers and other neighborhood locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Barriers**

#	Strategies for Other Barriers	Students	Teachers	Others
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			

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